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October 31, 2001

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Geoff L. Sutcliffe
FROM

2712
REFERENCE NO

4
PAGES (WITH COVER)

47423/252726
CLIENT/MATTER NO.

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COMMENTS

The facsimile confirmation of the Patent Office Imprinted hereon will acknowledge receipt of:
Applicant: Robert K. Pliha

Title: Systems and Methods for Distributing Targeted Incentives
to Financial Institution Customers

Serial No./Docket No.: 09/880,430 47423/252726

Filing Date June 13, 2001

PAPERS SUBMITTED:

1. Transmittal Form No. PTO/SB/21;
2. PTO/SB/83 Request for Withdrawal as Attorney or Agent; and
3. Exhibit A.

Date: October 31, 2001
By: Geoff L. Sutcliffe, Reg. No. 36,348

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/880,430
Filing Date	06/13/2001
First Named Inventor	Robert K. Pliha
Group Art Unit	2162
Examiner Name	Not Assigned
Attorney Docket Number	47423/252726

Total Number of Pages in This Submission

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO/SB/83 - Request for Withdrawal as Attorney or Agent
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Geoff L. Sutcliffe, Reg. No. 36,348 KILPATRICK STOCKTON LLP
Signature	<i>Geoff L. Sutcliffe</i>
Date	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Patent and Trademark Office via Facsimile to Assistant Commissioner for Patents, 703.746.7293.

Typed or printed name	Janie Wilkins	Date	
Signature			

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/880,430
Filing Date	06/13/2001
First Named Inventor	Robert K. Pliha
Group Art Unit	2162
Examiner Name	Not Assigned
Attorney Docket Number	47423/252728

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

Client has failed to pay one or more bills rendered by the practitioner for an unreasonable period of time. Client was notified that Kilpatrick Stockton LLP is withdrawing as counsel. Client was given time for employment of another practitioner and has received all papers and property to which the client is entitled so that they may prosecute the applications themselves or seek other counsel.

I hereby apply on behalf of all attorneys at Kilpatrick Stockton LLP, to withdraw as attorney or agent for the above identified patent application and am authorized to act on behalf of all attorneys at Kilpatrick Stockton LLP including those listed on Exhibit A attached hereto.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

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This request is enclosed in triplicate.

Name

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Signature

Geoff L. Sutcliffe

Date

10/31/2001

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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